

Work Order ID 120642

Monday, June 09, 2014 1:50:56 PM

120642

Page 1

Item ID: D350-607-511

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Quick Release Basket Mounting Spacepod™ & Squirrel Cheek Fits LH or RH

Start Date: 6/9/2014 Start Qty: 2.00 ***2***

Cust Item ID:

Required Date: 6/9/2014 Req'd Qty: 2.00 ***2***

Customer:

Reference: REWORK PER ECN 14-572

Approvals: Process Plan: ME Date: 14-6-9 Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D350-607-4	C								
DSI9699	A								

180 0.00

180

Packaging

Memo 0.00

Packaging

PULL FROM STOCK D350-607-511 X 2 B 114923

REMOVE D3910-5 X 1 PER KIT B 116261
AND RETURN TO STOCK UNDER ORIGINAL BATCH NUMBER

ADD D3910-7 X 1 PER KIT B 119740

PER ECN 14-572

ID AND STOCK UNDER NEW BATCH NUMBER AND AT CHANGE 005

190 0.00

190

QC

Memo 0.00

Quality Control

DAS
06
9-89

2 8 14-06-20

JUN 20 2014

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____

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Page 2

Item ID: D350-607-511

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Quick Release Basket Mounting Spacepod™ & Squirrel Cheek Fits LH or RH

Start Date: 6/9/2014 Start Qty: 2.00 ***2***

Cust Item ID:

Required Date: 6/9/2014 Req'd Qty: 2.00 ***2***

Customer:

Reference: REWORK PER ECN 14-572

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

200

QC21 - Final Inspection - Work Order Release

0.00

200

QC

Memo

0.00

Quality Control

MLJ 14-06-23

MF 14-06-20

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

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Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%; font-size: small;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Picklist Print

Page 1

Monday, June 09, 2014 1:50:55 PM

Work Order ID: 120642

120642

Parent Item: D350-607-511

D350-607-511

Parent Item Name: Quick Release Basket Mounting Spacepod™ & Squirrel Cheek Fits LH or RH

Start Date: 6/9/2014

Required Date: 6/9/2014

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A NEW ISSUE 10-06-28 JLM VERIFIED BY: LL IPP
REV:B 13.12.30 PER RE:C ECN13-672 DD VERF:RQ IPP REV:C
14.06.09 AS PER ECN14-572 DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D350-607-511 Manufactured No

Each 2.0000

2

D350-607-511

Quick Release Basket Mounting Spacepod™ & Squirrel Cheek Fits LH or RH

Location

Loc Qty

Loc Code

PK12

2

120614

2

Each

80.0000

-2

D3910-5

Manufactured No

D3910-5

Crosstube Lug

Location

Loc Qty

Loc Code

ST410

5

116261

5

ST459

75

117637

75

Each

7.0000

2

D3910-7

Manufactured No

D3910-7

Crosstube Lug

Location

Loc Qty

Loc Code

prelim

7

119740

7

DAS
06
9-89

112898
1,4923 MF 14-6-9

[Signature]

[Signature]

[Signature]

[Signature]

DQA: _____ Date: _____



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QA Closed: _____ Date: _____

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FAULT CATEGORY

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